

MOTION FOR CONTINUANCEJD-CV-21 Rev. 2-13
C.G.S. § 52-196
P.B. § 14-23, 14-24STATE OF CONNECTICUT
SUPERIOR COURT
*www.jud.ct.gov*COURT USE ONLY
MFCSE**Instructions To Person Making Motion**

Fill out all sections of this form except the Order section and file it with the Clerk of the Court at least three (3) days before the date of the scheduled event.

Docket number

FBT-CV-15-6048078

Name of case (Full name of Plaintiff v. Full name of Defendant)

SHAPIRO, JONATHAN v. DELBOUNO, FRANK Et Al

<input checked="" type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Geographical Area Number	Address of Court (Number, street, town and zip code) 1061 MAIN STREET BRIDGEPORT, CT 06604
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Date of Motion Apr-7-2016	Sequence Number on Short Calendar (If applicable)	Name of Judge Who Scheduled the Event this Continuance is Requested for (If applicable)
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Date of Scheduled Event Apr-20-2016	Person Making Motion is: <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Other
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Firm Name, if Applicable BRIDGEPORT CITY ATTORNEY	Address OFFICE OF CITY ATTORNEY 999 BROAD STREET BRIDGEPORT, CT	Phone Number (with area code) 203-576-7647
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Event For Which Continuance Is Requested: ("X" applicable box(es) and explain below)

<input type="checkbox"/> Arbitration	<input type="checkbox"/> Early Intervention Conference	<input checked="" type="checkbox"/> Pretrial
<input type="checkbox"/> Administrative Appeal Hearing	<input type="checkbox"/> Fact-Finding	<input type="checkbox"/> Status Conference
<input type="checkbox"/> Attorney Trial Referee Proceeding	<input type="checkbox"/> Foreclosure Mediation	<input type="checkbox"/> Trial Management Conference
<input type="checkbox"/> Court Trial	<input type="checkbox"/> Jury Trial	<input type="checkbox"/> Other _____
<input type="checkbox"/> Judicial-Alternative Dispute Resolution (J-ADR)	<input type="checkbox"/> Hearing In Damages	

Reason(s) For Continuance Request: ("X" reason(s) and provide an explanation)

<input type="checkbox"/> Counsel not ready _____	<input type="checkbox"/> Discovery not complete _____
<input type="checkbox"/> Lay witness not available (Name of witness) _____	
<input checked="" type="checkbox"/> Counsel not available _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Party not available (Name of party) _____	
<input type="checkbox"/> Expert witness not available (Name of witness) _____	

Continue explanation, if necessary:

Defendant's counsel had previously requested a continuance to April 27, 2016. Plaintiff's counsel has indicated that he is unavailable (out of state and trial in federal court) and asked that the date requested be changed

For the above reason(s), I request this case be continued to (date): May-25-2016 or ☐ at the court's discretion.

I have contacted all counsel and self-represented parties of record about my intention to seek a continuance. All of the counsel and self-represented parties:

☒ Consent ☐ Do Not Consent ☐ Have not responded to the above motion for continuance and requested continuance date.**Note: An agreement to continue a matter does not mean that the motion will automatically be granted by the court.**

I agree to be responsible for notifying my client, if applicable, and all counsel of record and self-represented parties whether the continuance is granted or denied, and if granted, the new date of the scheduled event.

CertificationI certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) Apr-7-2016 to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

CLENDENEN & SHEA LLC - 400 ORANGE STREET/NEW HAVEN, CT 06511

Signed (Signature of filer) ► 306937	Print or type name of person signing RUSSELL D LISKOV	Date signed Apr-7-2016
Mailing address (Number, street, town, state and zip code) ATTORNEYS 999 BROAD STREET BRIDGEPORT, CT 06604		Telephone number 203-576-7647
Order	Motion For Continuance is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Matter Continued To: Signed (Judge) Date

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.